

Local Travel SOP

Ref: NAVPGSCOLINST 4650.4E

Enclosures: (1) Travel Request Form
(2) Claim for Reimbursement for Expenditures on Official Business (SF 1164)
(3) Electronic Funds Transfer Form

BACKGROUND:

This procedure is used when local travel is less than 12 hours, and involves no overnight stay. If Form 1164 is used, it can be filled out either before or after the travel since the traveler does not need travel orders. If orders are generated in Travel Manager, that should occur before travel.

POLICY: While on local travel, travelers are eligible for per diem at the allowed proportional meal rate. Travelers may elect to rent a car or use a privately owned vehicle (POV). If a car is rented, travel orders must be created.

PROCEDURES:

If the traveler is renting a car for the local trip, travel orders should be created in Travel Manager, using the same process as for travel by airline. See the Travel Manager User's Guide for instruction.

If travel is by POV:

1. After the trip is complete, either the traveler or admin support person should complete Form 1164 claiming mileage and per diem. The following information should be included: Full Name, Social Security Number, Mailing Address, Office Telephone Number, Date of Travel, Mileage, the Purpose of Travel and Job Order number. The traveler and the PI of the account being charged should sign the form. If the traveler does not have an EFT form on file, he or she should complete one and include it with the Form 1164. See Attachments 2 and 3.
2. The completed Form 1164 should be forwarded to the appropriate funds reviewer – either the Sponsored Programs Financial Analyst (SPFA) or Administrative Support Assistant (ASA) - for assignment of a document number (also called a TANGO number) and a line of accounting. **Note that the document number should use RV instead of TO.** The funds administrator should retain a copy for the file.
3. Form 1164 should be sent to the appropriate Comptroller analyst for processing. Payment will be made by direct deposit to the traveler's prescribed account, and should be made within five to ten working days.

Local Travel SOP

4. After the disbursement process is complete, the Comptroller analyst will notify the admin support person to pick up the original Form 1164.

Travel Request Form

Privacy Act Statement: The authority to request this information is contained in 5 USC 522 Department regulations. This information will be used to assist officials and employees of the Department of the Navy in arranging passenger transportation. Completion of the form is mandatory except for SSN (SSN is mandatory for overseas travel). Failure to provide required information may result in delay of a response or disapproval of the request.

Name of Traveler: Last, First, MI	Rank/Rate	SSN	Office Phone	Office Fax	Home Phone (Requested by Airline)

Invitational Traveler Only

Business Address	Business Phone	Home Address	Home Phone

Per Public Law 104-134 all federal government payments must be paid via Electronic Funds Transfer (EFT). Travelers must complete the PSDMTRY 7200/6 (Rev 11/98) in order to receive payment.

Activity Location Visiting: _____

Itinerary:

Traveling alone ☐ Traveling With ☐

Departure Date	Departure Time	Departure City	Arrival Time	Arrival City

Note about Air Reservations: Navy contract requires use of GSA Contract Carriers per the Federal Travel Directory. Under the Terms of the contract the government has guaranteed the airline name in the contract all Federal Travel between your origin and destination. You are advised that having the ticket reissued on another carrier for personal preferences or convenience is prohibited. If necessary to change airlines as a result of a flight cancellation or changes to travel requirements, a statement to the reason should be included on the travel voucher (claim).

Lodging Request

Check-in Date	Check-out Date	Name of Hotel or BOQ/BEQ	City/Location

BOQ Requires Activity Name/Contact Name and Rank:

Credit Card Number (Required)_____

Rental Car

Pick up Date/Time	Return Date	City or Airport of Pick-Up

Note about Rental Car Reservation: Companies with which MTMC has negotiated special DoD/Govt car rental rates will be used to the exclusion of all others. Navy contract requires use of the lowest available rate.

Requires Justification and Size for vehicles larger than Compact:

Travel Request Form Page 2

Travel Job Order Number/Label _____
ITO & Fund Site Require Tango Number _____
Labor Job Order Number/Label _____

Purpose: _____

Requirements:

Annual leave from/to:

Miscellaneous Expenses:

Registration Fee :\$

Registration (if included in fees)

Meals (B, L, D)	Meal dates

If Registration Includes Meals Identify

Meals: B-Breakfast L-Lunch D-Dinner

If Visitor Request Clearance Required:

Name of person Visiting:

Dates of Clearance:

Telephone Number Fax Number:

Complete Address of Where Clearance is to be sent:

Reason for Visits (If Different from TDY Purpose):

ITO's Only:

Travel Arranger: Name: _____ Email address: _____

Phone: _____

Fax: _____

Date SATO faxed: _____

SATO: Please fax completed itinerary/estimate to:




Name: _____

Email: _____

Comments/Additional Information:

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
			3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			5. PAID BY
CLAIMANT	4. a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	
	c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NUMBER	

DATE 19 __ __	C O D E	Show appropriate code in col. (b): A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)		MILEAGE RATE ?	AMOUNT CLAIMED							
					MILEAGE (f)	FARE OR TOLL (g)		ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)			
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)								
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK									

<p>8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C 680a).)</p> <p style="text-align: center;">Sign Original Only</p> <p>APPROVING OFFICIAL SIGN HERE </p> <p style="text-align: center;">DATE</p>	<p>10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.</p> <p>PAYMENT DESIRED Sign Original Only</p> <p><input type="checkbox"/> CHECK <input type="checkbox"/> CASH</p> <p>CLAIMANT SIGN HERE </p> <p style="text-align: right;">DATE</p>						
<p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;">Sign Original Only</p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE </p> <p style="text-align: center;">DATE</p>	<p>11. CASH PAYMENT RECEIPT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">a. PAYEE (Signature)</td> <td style="width: 20%;">b. DATE RECEIVED</td> </tr> <tr> <td></td> <td>c. AMOUNT</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table> <p>12. PAYMENT MADE BY CHECK NO.</p>	a. PAYEE (Signature)	b. DATE RECEIVED		c. AMOUNT		\$
a. PAYEE (Signature)	b. DATE RECEIVED						
	c. AMOUNT						
	\$						

[illegible]

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

EFT INFORMATION SHEET

Name: _____ SSN: _____ - _____ - _____ Grade/Rank: _____
(Last, First, MI)

Command: _____ Dept/Div/Curriculum: _____

E-MAIL ADDRESS:

(Note: E-mail address will be used for Travel Voucher payment notification, and/or LES and NPA distribution.)

MAILING ADDRESS:

PHONE NUMBERS:

Work Phone: _____
Home Phone: _____

Financial Institution:									
Account Number:									
Type of Account: (Check one only)	, Savings , Checking								
Routing Number: (Must be 9 digits)									
Purpose of EFT info submission (check one).	, For TRAVEL CLAIMS payments only. , For regular pay and allowances (DDS) payments only. , For ALL types of payments.								

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

Authority:	5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 208, 209 AND/OR 210
Principal Purpose(s):	Used for reviewing, approving, accounting and disbursing for official travel/pay and allowances. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement of payments. The information will be used to process payment data from the Federal Agency to the financial institution and/or its agent.
Routine Use(s):	To substantiate claims for reimbursement for official travel.
Disclosure:	Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the Electronic Funds Transfer/Direct Deposit System (EFT/DDS) programs.